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ABSTRACT

This revision of the 1996 publication is a tool for identifying promising drug prevention programs. This booklet is designed to help teachers, school principals, and concerned citizens determine how to spend scarce prevention dollars. Many parents assume that school prevention programs will protect their children from drugs; the information provided in this booklet helps parents judge for themselves the adequacy of school-based prevention programs. The programs evaluated are divided into four categories: comprehensive health curricula; K-12 drug prevention curricula; elementary and middle school drug prevention curricula; and middle and high school drug prevention curricula. Each category provides program descriptions that include contact information and appropriate grade level. These descriptions are followed by three charts that provide general information including year created, year revised, ease of implementation, teacher training; and evaluation of awareness and resistance skills and personal and social skills training. Also included is a chart that provides information on evaluation studies that have been discussed in peer-reviewed journals. (Contains 15 references.) (MKA)

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Preventing Alcohol, Tobacco and Other Drug Use

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Making the Grade:

A Guide to School Drug Prevention Programs

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Drug Prevention Curricula: Making Programs Work

Schools can play a powerful role in prevention. New research clearly shows that active involvement in school helps protect young people from many problem behaviors. However, schools alone cannot be expected to prevent alcohol and other drug use. Families and communities must be involved in partnership with schools if prevention is to succeed, so that norms and skills developed in school are reinforced at home and in the community.

Prevention efforts should start early and continue through adolescence. Most school-based prevention curricula were developed for middle school and junior high school students. Very few well-evaluated curricula exist for preschool, kindergarten and elementary school children, or for high school youth. Moreover, most curricula do not provide booster sessions to reinforce important prevention skills during the critical years of high school or college. Prevention does not work in isolated doses: it must be repeated often.

Research in drug abuse prevention has flourished for more than two decades, and we now know quite a bit about what works and what does not. Unfortunately, this information is often highly technical and published in academic journals not readily accessible to the public. *Making the Grade: A Guide to School Drug Prevention Programs* serves as a bridge between research and practice, helping communities identify which curricula are best suited to their needs. The guide is also intended to encourage curriculum developers to improve the effectiveness of their programs.

Making the Grade, published originally in 1996, is an important tool for identifying promising prevention curricula. The guide helps teachers, school principals and concerned citizens determine how to spend scarce prevention dollars. Many parents assume that school prevention programs will protect their children from drugs; *Making the Grade* helps them judge for themselves the adequacy of these efforts.

Making the Grade is based on careful review of curriculum materials and other information provided by curriculum developers and distributors as well as evaluation reports on 14 curricula. To guide the process of updating *Making the Grade*, we convened a prevention research panel comprised of six nationally recognized prevention experts. Their names are listed on the inside back cover. Working with the panel, we identified critical issues in drug abuse prevention. We developed detailed assessment systems for collecting information about family components and about measures used by all 50 curricula to promote fidelity of implementation. In order to assess new curricula, we used the same 52-item coding manual developed in the original *Making the Grade* project to provide comprehensive measures for reviewing the key elements. Availability of teacher training was rated for each curriculum. Although teacher training manuals were reviewed for the few curricula that made them available, *Making the Grade* does not assess the actual quality of training.

A number of health textbooks include material about alcohol and other drugs. However, textbooks lack many important features of strong prevention curricula, including interactive teaching techniques, skill rehearsal and teacher training. Textbooks should **not** be used as substitutes for a drug prevention program, although they may provide useful information about alcohol, tobacco and other drugs. *Making the Grade* does not assess textbooks.

Since *Making the Grade* was published in 1996, new curricula have been developed and new evaluations have become available. This revised guide provides critical information about these developments and notes any changes in curricula covered in the first edition. In addition, the new *Making the Grade* examines family components of prevention curricula more closely and discusses in greater depth the importance of evaluation and fidelity of implementation.

Making the Grade now includes several prevention curricula specifically designed to address only tobacco and alcohol. The Centers for Disease Control and Prevention (CDC) estimate that unless teen smoking rates are cut immediately, more than 5 million young people under age 18 who are alive today will die from smoking-related diseases. Teen drinking is linked to serious health risks as well as immediate life-threatening situations, including driving while intoxicated, unprotected sexual intercourse and violence.

To increase understanding of school prevention efforts, Drug Strategies produced *Safe Schools, Safe Students: A Guide to Violence Prevention Strategies* (1998). Guided by an expert advisory panel, we reviewed 84 school violence prevention curricula, many of which also include components designed to prevent alcohol and other drug use. The U.S. Department of Education Safe and Drug Free Schools Program and the CDC have recommended *Safe Schools, Safe Students* as a valuable resource for educators and others concerned about violence prevention.

Key Elements of Effective Drug Prevention Curricula

Extensive research during the past two decades points to certain key elements of successful prevention curricula. Experts believe that these elements should be part of a comprehensive strategy in the school, the home and the community so that everyone who touches the life of a young person presents a consistent prevention message. Experts also believe that a comprehensive approach has additional benefits since many of the elements important to drug prevention are also critical in prevention of other high risk behaviors, involving violence, HIV/AIDS, sexually transmitted diseases, adolescent pregnancy and suicide. *Making the Grade* assesses the extent to which curricula address these key areas and whether curriculum activities promote necessary skills. The guide rates how well each curriculum:

★ helps students recognize internal pressures, like wanting to belong to the group, and external pressures, like peer attitudes and advertising, that influence them to use alcohol, tobacco and other drugs;

★ facilitates development of personal, social and refusal skills to resist these pressures;

★ teaches that using, alcohol, tobacco and other drugs is not the norm among teenagers, correcting the misconception that "everyone is doing it," and promotes positive norms through bonding to school and constructive role models;

★ provides developmentally appropriate material and activities, including information about the short-term effects and long-term consequences of alcohol, tobacco and other drugs;

★ uses interactive teaching techniques, such as role plays, discussions, brainstorming and cooperative learning;

★ covers necessary prevention elements in at least eight well-designed sessions a year (with a minimum of three to five booster sessions in one or more succeeding years);

★ actively involves the family and the community, so that prevention strategies are reinforced across settings;

★ includes teacher training and support, in order to assure that curricula are delivered as intended;

★ contains material that is easy for teachers to implement and culturally relevant for students.

Ineffective Strategies

Research has also identified strategies that do **not** appear to reduce alcohol, tobacco or other drug use:

- scare tactics and moralistic appeals;
- curricula that rely solely on information about drugs and their dangers;
- curricula that only work to promote self-esteem and emotional well-being, without providing training in resistance skills and normative education;
- single shot assemblies and testimonials by former addicts may reinforce a negative norm that "everyone uses drugs" at some point in their lives.

Evaluation

Evaluation is critically important to know whether a curriculum has a measurable impact on behavior: that is, does the curriculum actually prevent new alcohol, tobacco and other drug use? There is growing pressure to promote the use of research-based curricula. In 1998, the U.S. Department of Education Safe and Drug Free Schools Program published "Principles of Effectiveness." These require school districts receiving Safe and Drug Free Schools funds to: 1) base their programs on a thorough assessment of objective data about drug and violence problems in the schools and communities served; 2) set measurable goals and objectives and design activities to meet them; 3) design and implement activities based on strategies that have proven effective in preventing or reducing drug use, violence or disruptive behavior; and 4) assess their progress toward achieving their goals and objectives and use their evaluation results to strengthen their programs.

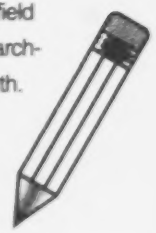
Research confirms that certain kinds of prevention curricula work. However, most of these curricula have not been adopted on a wide scale. Although many of the 50 curricula described in *Making the Grade* have had some type of evaluation, only fourteen program evaluations meet our criteria: namely, extensive studies, published in peer-reviewed journals, that use pretest, posttest control group designs measuring reductions in alcohol, tobacco and other drug use. Only 4 of the evaluations meeting these criteria were conducted independently by researchers not associated with the programs (D.A.R.E.,Growing Healthy, Michigan Model, Teenage Health Teaching Modules). The 10 remaining evaluations were conducted by researchers who were also program developers. Further, many of the 14 studies did not involve complete randomization of sample groups, although in some cases at least some portion of the sample was randomly assigned.

Some of these curricula show strong behavioral results, but in many cases these outcomes diminish over time. However, any delay in starting to drink, smoke and use other drugs may be beneficial, since children gain time to develop social competence and resistance skills. According to the National Institute on Alcohol Abuse and Alcoholism, every year that children avoid alcohol decreases their risk of future dependence by 14 percent. The U.S. Department of Health and Human Services reports that a delay in the onset of smoking during the early teen years reduces physiological exposure to tobacco smoke and improves the future prognosis for quitting. Delayed onset is also associated with a lower incidence of disease and death. Booster sessions greatly improve curriculum effectiveness by reinforcing prevention education during the adolescent years when pressures to drink, smoke and use other drugs greatly increases.

The evaluation status of each curriculum, summarized in Evaluation Studies on page 38, indicates whether evaluations were conducted by curriculum developers or independent researchers; whether results have been positive; and duration of measured behavioral outcomes. The chart also shows the number of different studies for each curriculum; the number of students included in the largest evaluation; and effects on alcohol, tobacco and other drug use.

Limitations of What We Know

Drug abuse prevention research has been limited in serious ways. Middle school students, who are at the greatest risk of beginning to use alcohol, tobacco and other drugs, are a logical target of prevention efforts, and most research has focused on that age group. However, younger children in elementary school and older teens in high school have been largely overlooked. The field desperately needs good research-based programs for these youth.



Prevention research has often been conducted in the context of rigorous field trials, where there is considerable effort to get teachers to teach curricula exactly as they are designed. Nonetheless, there is tremendous variability in how consistently different teachers present material. Questions remain about what happens in everyday practice, when no one is telling teachers exactly what they should teach and when.

Classrooms are often made up of multiple ethnic and racial groups, reflecting culturally diverse communities. It is difficult to generalize many of the findings of prevention studies to other populations, although some generic (non-culturally specific) curricula do appear effective, at least when tested with certain groups of African American and Latino students. However, research also suggests that tailoring prevention curricula to the particular culture of the students can enhance curriculum effectiveness.

Research has begun to consider the role of mediating risk and protective factors in the development of alcohol, tobacco and other drug problems. Risk factors associated with increased use and abuse include school failure, poor social skills and perceptions that drug use is the norm. Protective factors which have been shown to reduce the risk of use and abuse include successful academic performance; strong bonds to family; school and religious organizations; and perceptions that drug use is not the norm. More evaluation studies are now including an assessment of mediating factors in order to understand the process by which programs reduce the likelihood that students will use alcohol, tobacco and other drugs. Studies of mediators can help explain how and why these programs work.

Fidelity of Implementation

Research is very clear on this point: the more completely a teacher implements a curriculum, the less likely students are to use alcohol, tobacco and other drugs. If curricula are to "work," teachers should follow the teaching manual faithfully. Even then, real world school conditions may have little in common with carefully controlled research studies, so it is impossible to predict how effective curricula may actually be in practice.

Even in research studies, conditions can be less than ideal. An evaluation of one research-based curriculum (Life Skills Training) found that one in four students had teachers who implemented less than 60% of the important points of the program. Most teachers do not cover everything in a curriculum, and they are likely to teach less of the material over time. Yet without complete implementation, it is impossible to know the effect of these curricula, and it is less likely that the prevention program will be effective in preventing alcohol, tobacco and other drug use.

Curriculum developers, school administrators and teachers all share responsibility for effective implementation. Schools facing competing demands and shrinking budgets may find it difficult to undertake sustained prevention efforts. Curricula should provide easy-to-follow, detailed lesson plans as well as explicit guidelines about which lessons are essential, so that teachers do not omit important material. However, some research-based curricula are very brief, making all of the material critically important to maximize effectiveness. It is important that teachers not leave anything out when using these curricula.

The most effective curricula require active teacher engagement with students in role plays, cooperative learning and discussion. Many teachers feel more comfortable with didactic techniques that deliver information rather than develop behavioral skills. Without special training, many teachers will be unable to implement the program effectively. Although some curricula provide toll-free telephone support for teachers, continuing staff training and development will increase the impact of school prevention efforts.

Normative education teaches students that most of their peers do not think drug use is "cool," and that drug use is not widespread among other students. Curricula must provide explicit instructions about the points teachers should make, and provide training so that teachers can acquire the skills required to lead normative activities successfully. If teachers focus on students who express norms supporting drug use during classroom discussions, they may inadvertently reinforce those norms.

Teachers may also need detailed instructions on how to make curriculum materials culturally relevant. Although many curricula use multi-ethnic names or models and some are translated into other languages, very few directly describe how teachers can adapt material for widely diverse classrooms.

Curricula can work to enhance the fidelity of implementation through 1) detailed teacher manuals with explicit guidance about what material is essential; 2) well developed teacher training and support, including toll-free technical assistance numbers; and 3) evaluation tools, including observation forms and checklists to assess how completely the lesson is implemented.

Importance of Family and Community Involvement

Although school curricula can achieve impressive prevention results, families and communities shape the larger social context in which children make decisions about alcohol, tobacco and other drugs. Prevention is most effective when school lessons are reinforced by a clear, consistent social message that teen alcohol, tobacco and other drug use is harmful, unacceptable and illegal. Involving families and communities in prevention is critically important.

Some of the curricula in *Making the Grade* include family activities designed to help parents reinforce concepts covered in class. However, recent research suggests that the most effective programs go much further, working to promote positive relationships between parents and children to enhance positive family norms. They provide training in communication, especially as young people move into adolescence, to make sure parents have the skills to listen and to communicate with their children. They also work to reduce conflict, since conflict can damage bonds between parents and children. Some programs help parents teach their children refusal skills. Some programs also train parents to use positive, consistent discipline techniques, and to supervise their children, since monitoring by parents appears to be critically important throughout adolescence. Many programs create opportunities for families to be involved in constructive alternative activities, particularly in elementary school. Family programs use a variety of strategies, including homework assignments, brochures, home study guides, workshops, and audio and video cassettes.

Communities can support school-based drug prevention programs by strengthening the social consensus against alcohol, tobacco and other drug use as well as developing drug-free activities for teenagers. In inner-city neighborhoods, for example, Boys and Girls Clubs hold after-school classes using specially designed curricula that link prevention teaching with recreational, educational and vocational opportunities. Many communities are building promising prevention programs that bring together local resources to help children resist alcohol, tobacco and other drugs. These programs enhance the impact of school curricula as well as demonstrate community resolve to make prevention a reality for all children.

School Drug Policies

School policies are important because they establish standards for acceptable behavior. Policies should be adopted only after careful consideration of the needs of the students, faculty and community. Most schools prohibit drinking, smoking and other drug use by students on school property. In the interest of sending a consistent message as well as providing positive adult role models, schools may decide that policies should apply to adults as well as to students, and prohibit all drinking, smoking and other drug use on school property and at all school functions. This may make some parents or alumni unhappy, as at sporting events where drinking at tailgate parties would be prohibited. Educating the community about the rationale behind these rules, and emphasizing the importance of positive, anti-substance use norms can help.

Experts suggest that policies should be positive (e.g., "School premises are drug-free") and consequences for violations should be clear and consistently applied. Some schools have a range of responses to policy violations, including community service, student courts and referral to Student Assistance Programs.

Handbooks that clearly outline student rights and responsibilities as well as current policies and rules should be distributed to all students on the first day of school. Some schools require students to sign a receipt for these handbooks, so they cannot argue that they have not seen the rules. Homeroom teachers should review the handbooks with their classes periodically through the year. In addition, the handbook should be posted at various locations around the school. It is useful to review policies at least once a year to identify which ones need refinement, clarification or elimination.

Some schools ban all drugs and medications, including over-the-counter products such as pain relievers and cold remedies. It is important to involve students, school personnel and communities in developing such policies, in order to avoid unanticipated consequences of enforcing the rules. It is also important to allow some flexibility in enforcement—to pick things that really cannot be tolerated and prohibit them completely. Students should have an appeals process, with hearing officers within the administrative staff, so that school boards are not the only avenue for appeals.

Schools may decide to impose penalties for alcohol and other drug use by students while outside school. For example, students arrested for drunk or disorderly conduct on weekends might receive treatment screening or referrals. This reinforces a positive norm and teaches consequences for violations of school policy. It also extends the norm of the school into the community.

Other school policies include:

- ✔ searching students on school property to intercept drugs and guns. Schools should seek legal counsel prior to adopting this policy;
- ✔ asking parents to sign a pledge to prohibit alcohol at teen parties they host and then publishing lists of families that have signed the pledge to help parents identify "safe" homes. This may also create social pressure on other parents to comply, although some parents worry that signing such a pledge will increase their liability if alcohol is served to teens in their home without their knowledge.
- ✔ prohibiting students caught drinking or using other drugs from athletic competitions. It is important that parents also read and sign such policies.

The Drug Free School Zone is a partnership among schools, law enforcement and community leaders. Established in the Federal Crime Control Act and the Controlled Substances Act, this policy covers all elementary and secondary sch[redacted]ncreased criminal and civil [redacted]pply for the sale and distribution [redacted]egal drugs within 1,000 feet of school property. This legislation also increases adult penalties for involving juveniles in criminal drug activities.

What Do the Grades Mean?

Curricula Assessment

Making the Grade curricula are divided by grade level or special focus. Each section contains curriculum descriptions followed by general information and an assessment of coverage. Where appropriate, symbols are used for the following qualitative ratings:

Program Quality

- A very good
- B good
- C satisfactory
- D poor
- F very poor

Program Content

- 3 very good coverage
- 2 adequate coverage
- 1 inadequate
- NC not covered

NOTE: In the first edition of *Making the Grade*, program content assessed quantitatively how many lessons were spent on each topic. In this edition, program content is assessed qualitatively in terms of whether each topic is adequately covered. That is, are the component parts of each topic addressed with sufficient attention and time to develop and practice skills? *Program content of programs which have not been revised are also subject to this qualitative review.*

Curricula Focus

The curricula are divided into three categories, according to the drugs they cover:

- alcohol, tobacco and other drugs
- alcohol only
- tobacco only

Curriculum Descriptions

Curriculum descriptions are organized as follows:

- general curriculum elements; areas of strength, special elements, extras.
- concerns the reviewers have with the curriculum; areas for improvement.
- special features of the curriculum; videos; cultural sensitivity.
- family component and community activities

General Information

General information provides basic information about each curriculum:

Overall Quality of Curriculum Content–the extent to which the curriculum includes the key elements of drug abuse prevention, clearly articulates its objectives and contains activities which promote these objectives. Reviews whether the curriculum's organization, length and appeal of material promote the development of essential prevention skills. In order to be considered for a high score, a curriculum must emphasize the key elements and give sufficient opportunities for practice so that the skills can be learned.

However, the overall score is more than a sum of the scores of the component parts. The score also reflects assessments about the logic of the sequence in which material is presented, the efficiency and sharpness of focus of the total program, and the feasibility of activities. There are times when a curriculum may cover important elements but not receive a high overall score because of concerns about these additional issues. (For a discussion of basic curriculum design and the sequencing of behavioral objectives see R.M. Gagne's *Principles of Instructional Design* listed in the Sources on page 43.)

Evaluation–briefly describes findings from peer-reviewed published reports of pretest, posttest, control group designs that measured changes in alcohol, tobacco and other drug use.

Fidelity of Implementation:

Ease of Administration–assesses the extent to which lessons can be effectively implemented by a classroom teacher with minimum preparation. In order to be considered for a high score, the curriculum should contain clear instructions with adequate explanation of the purpose of each activity, time required, tips for implementation and classroom management, and background information on drugs, risk factors and prevention strategies.

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Teacher Training–assesses whether training is offered **(O)**, required **(R)**, strongly recommended **(SR)** or not available **(N)**. Training varies considerably from program to program. The guide does not include information on the time requirements, specific costs or quality of training.

Rehearsal and Role Plays–assesses whether the curriculum includes role plays (which experts agree greatly strengthen the development of personal, social and refusal skills) and the extent to which role plays emphasize rehearsal of new skills. In order to be considered for a high score, the curriculum should include detailed instructions for role plays, emphasize skills training and provide adequate opportunities for practice.

Year created/year revised–lists the years of first publication and latest revision.

Cost–calculates the curriculum cost for one class of 30 students for one year. A range of price indicates that prices vary at different grade levels. With most programs, this is a one-time expenditure and any future expenses are for consumable materials, such as student workbooks. Some distributors assume that materials will be shared among same-grade classes. Many curricula offer extras at additional cost; these costs are not included here. Each school will have to calculate its own final cost.

Curriculum Coverage of Awareness and Resistance Skills

A number of important skills promote the ability of young people to understand and to resist pressures to use drugs. These charts assess which skills are covered and the quality of coverage.

Normative Education–makes students aware that most people do not use drugs and do not think drug use is cool.

Social Influences Education–teaches students to recognize social and peer influences to use drugs and to develop cognitive skills to resist them.

Advertising Pressures Education–teaches students to recognize the purposes and effects of advertising and other media and teaches them cognitive skills to resist these influences.

Refusal Skills–teach students ways to resist pressure by others to use drugs. This includes learning ways to say no to peers effectively and assertively while still maintaining friendships.

Curriculum Coverage of Personal and Social Skills

The development of certain personal and social skills increases the ability of young people to resist drugs. This chart assesses the extent to which each curriculum contains the materials and activities necessary to develop these important skills. These skills are listed in logical sequence beginning with basic personal skills and moving to the development of social skills.

Decision Making–teaches students techniques for handling situations in which they must make choices.

Stress Management–teaches students to recognize the positive and negative aspects of stress and to develop skills to manage stress.

Communication Skills–help students learn to listen, to express themselves effectively and to avoid misunderstandings.

Social Skills–teach students effective social interaction with their peers and with adults, including how to make friends.

Assertiveness Skills–help students express their needs, likes and dislikes, stand up for themselves and resist pressures to do things they do not wish to do.

Additional Terms

Affective–concerned with emotions or feelings. The purpose of role plays can be affective, skills rehearsal or both. A central goal is to teach young people to understand their feelings and reactions so that they can learn to control them.

Cognitive–concerned with knowledge, understanding, critical thinking, analysis and integration of concepts.

Cultural Sensitivity–concerned with making the content and objectives of a curriculum relevant to different ethnic, racial and economic groups.

Developmental Appropriateness–concerned with making materials and lessons interesting, relevant and understandable to developmental level of students.

Infusion–concerned with integrating the teaching objectives of one curriculum into other areas, for example, teaching decision making as part of a history, math and/or social studies lesson.

Interactive Teaching Techniques–concerned with engaging students actively in the learning process. They include brainstorming, class discussions, games, role plays, small group/cooperative learning and community service efforts that experts agree greatly increase prevention effectiveness. Most prevention curricula include a number of these techniques.

Personal Skills–focus on the development of individual skills, such as decision making and stress management.

Logical Sequence of Lessons–concerned with the extent to which curricula promote personal skills first as a foundation for social skills.

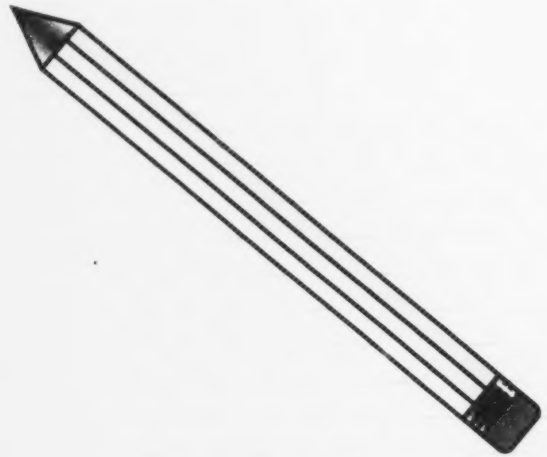
Family Involvement–activities for family involvement, including homework assignments, brochures, workshops, presentations and videos which encourage communication and positive discipline techniques, family norms and reinforcement of skill development. The program description gives information on the approach and adequacy of the family program content.

Community Involvement–activities designed to reinforce material covered in class in settings in the community. The program descriptions mention these activities.

Programs No Longer Marketed

The following programs were in the first edition of *Making the Grade*, but are no longer available: Al Co Hol, Entering Adulthood, Healthy for Life, Setting Norms for Refusal and Starting Early. Choosing for Yourself II and McGruff have also been deleted since the publishers are no longer actively marketing these curricula.

Making the Grade **did not independently field test curricula. Inclusion in this guide does not represent an endorsement.**



Comprehensive Health Curricula Descriptions

Actions for Health

ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407 Grades: k-6
www.etr.org

▲ Colorful, engaging curriculum with posters, workbooks, storybooks and take-home letters for families. Thirty or more lessons per year covering alcohol, tobacco and other drugs. Interesting community service activities.

▼ Since different personal or social skills are emphasized each year, curriculum must be implemented in its entirety to cover all important prevention elements. Textbook-like manual may encourage teachers to present material in lecture form rather than discussion with students. Does not cover normative education.

■ Culturally diverse themes and activities, but little detailed instruction on how to present these in the classroom. Extras include components on prevention of violence and HIV/AIDS.

○ Suggestions for involving families.

Choosing Health High School

ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800)321-4407 Grades: 9-12
www.etr.org

▲ Comprehensive health program includes one module (13-16 sessions) on alcohol, tobacco and other drugs. Other program modules include violence prevention, communication and self-esteem. Well-formatted and teacher friendly. Good emphasis on interactive teaching with time requirements provided for each activity. Tips for infusion and reinforcement.

▼ Instruction for discussions and role plays could be improved with more detail. Extensive information about drugs in module on alcohol, tobacco and other drugs with less emphasis on skills development.

■ Health facts book on drugs and tobacco to complement program.

○ Encourages family and community involvement in many lessons with menu of suggested activities.

Comprehensive Health for the Middle Grades

ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407 Grades: 5-9
www.etr.org

▲ Fifteen attractive student/teacher resource books emphasize self-esteem, communication and social skills. Covers alcohol, tobacco and other drugs. Twenty to 150 or more sessions from which a teacher may choose. Includes a no-use pledge. Teacher guide well-organized and helpful; includes tips for infusion.

▼ Due to flexibility and length of curriculum, important prevention material may get lost. No guidance about essential elements of drug prevention.

■ Spanish workbooks and parent material available. Many extra components, including HIV/AIDS education, teen pregnancy and violence prevention.

○ Family homework assignments in each lesson. Community involvement activities.

Discover: Decisions for Health

American Guidance Service, Inc.
4201 Woodland Road
Circle Pines, MN 55014-1796
(800) 328-2560 Grades: 6-12
www.agsnet.com

▲ Broad health curriculum centered on decision making to help students pursue healthy lifestyles. Addresses major health issues faced by teenagers, including drinking, smoking and other drug use. Twenty-eight to 40 sessions per year. Attractive color transparencies as teaching aids.

▼ Development and practice of personal and social skills at times incomplete and scattered. Minimal instructions for cooperative learning activities, discussions and role plays.

■ Instructions concerning cultural differences in lesson plans. Ethnic models in photos. HIV/AIDS education integrated throughout curriculum. Material on healthy sexual development and teen pregnancy prevention.

○ Homework assignments and letters to parents in both English and Spanish; community activities encouraged.

Great Body Shop

P.O. Box 7294
Wilton, CT 06897
(800) 782-7077 Grades: k-6
www.TheGreatBodyShop.net

▲ Colorful, newly revised curriculum with 40 or more lessons per year. Emphasizes hands-on learning with good reinforcement of decision making. Age appropriate content stresses knowledge, values and skills. Covers alcohol, tobacco and other drugs. Includes no-use pledge. Curriculum addresses multiple learning styles of children.

▼ Different personal and social skills taught in different years. Inconsistent coverage of material and uneven instruction to teachers may lessen effectiveness of skill development.

■ Includes multi-cultural characters from a variety of family types as well as characters with disabilities. Includes tips for using curriculum with special education students. Unusually attentive to fidelity of implementation with detailed training manual. Provides extensive support, including financially supporting a local coordinator in large urban districts.

○ Strong family program uses homework, letters, presentations and bulletins to reinforce important skills. Parent bulletins translated into Spanish, Vietnamese, Chinese and Portuguese.

Growing Healthy

National Center for Health Education
72 Spring Street, Suite 208
New York, NY 10012-4019
(800) 551-3488 Grades: k-6
www.nche.org

▲ Attractive curriculum emphasizing one health education topic—digestion, respiration, circulation—each year. Forty-three to 51 lessons per year. Integrates drug information and resistance skills into health units. Strong emphasis on cooperative learning and use of learning centers. Good background materials. Emphasis on goal-setting with numerous opportunities for practice. Material on conflict resolution and violence prevention integrated into curriculum.

▼ Lesson plans are clear but may require considerable preparation time. Instructions for normative education activities weak. Skills training scattered throughout curriculum; complete implementation is necessary to cover critical drug prevention material.

■ Workbooks in Spanish. Extra components on tobacco, violence, community involvement and HIV/AIDS prevention. Highly detailed training manual to promote fidelity of implementation. Provides puppets, posters, cassettes and videos.

○ Integrated family component includes homework, handouts, workshops and presentations as well as training to increase family involvement. Also uses parent volunteers.

Health Skills for Life

P.O. Box 22936
Eugene, OR 97402
(888) 283-6902 Grades: k-12
www.healthskills.com

▲ Multi-unit curriculum, covering alcohol, tobacco and other drugs, with 30-50 lessons per grade. Emphasis on skill development and the interrelationship of health issues. Well-organized with good emphasis on practice of skills. Includes tests to measure skill development.

▼ Size of curriculum may make implementation difficult. More drug information than necessary in early grades. Curriculum can be bought in individual units at $30 each, but there is little guidance on which units are essential. Different personal and social skills emphasized in different grades make complete implementation essential.

■ Some lessons to help students understand students with disabilities. Curriculum contains components on HIV/AIDS and teen pregnancy.

○ Suggestions for involving families. Includes community component.

Know Your Body

American Health Foundation
675 3rd Avenue, 11th Floor
New York, NY 10017
(212) 551-2509 Grades: k-6
www.ahf.org

▲ Attractive, 10-module curriculum containing 40-50 sessions, each to be taught in 45-minute period. Skill-builder unit promoting development of self esteem, goal setting, decision making, communication, assertiveness and stress management at beginning of each grade level. Emphasis on resistance skills training within the context of personal and social skills training. Includes age-appropriate information about alcohol, tobacco, marijuana and cocaine.

▼ Instructions for teachers are limited. Time required for lessons and activities is unclear, raising concern that teacher might not cover all the material.

■ Multi-ethnic illustrations throughout the curriculum. Translated into 7 languages. Lessons on HIV/AIDS and violence integrated into curriculum. Posters, song tapes and student activity books. Puppets available at extra cost. Measures to promote fidelity of implementation include training of coordinators and teachers' monitoring tools to assess implementation. Urges school districts to appoint a curriculum coordinator. Revised 1999 curriculum (k-3) not completed in time for review by Drug Strategies; 4-6 revision planned for early 2000.

○ Includes workshops, brochures, presentations, letters for families, as well as use of parent volunteers and mentors. Lessons on community and family.

Michigan Model for Comprehensive School Health

Michigan Department of
Community Health
3423 N. Martin Luther King Blvd.
Lansing, MI 48909
(517) 335-8390 Grades: k-12
www.emc.cmich.edu

▲ Very well organized, 40 lessons per year curriculum which addresses all the elements of prevention. Includes coverage of alcohol, tobacco and other drugs. Emphasizes resistance skills training within the context of social and personal skills training; provides excellent instruction for teachers as well as sufficient opportunities for student practice. Uses interactive teaching techniques well. Provides help for teachers on class discussion procedures.

▼ Length of curriculum and some lessons raise concern whether all essential elements will be covered.

■ Extra components on HIV/AIDS, tobacco and violence prevention. Posters and videos available. New modular format for middle and high schools due out in September, 1999.

○ Suggestions throughout on how to involve parents and the community. Strong family component includes homework, letters, brochures, presentations, workshops and videos.

Quest: Skills for Growing

Quest International
P.O. Box 4850
Newark, OH 43058-4850
(800) 446-2700 Grades: k-5
www.quest.edu

▲ Extensively revised curriculum with strong focus on key elements of prevention. Very attractive materials with emphasis on cooperative learning. Well-organized with much attention to concerns of educators, including infusing curriculum into other subject areas. Strong community service component offers valuable practice in goal-setting and decision-making.

▼ Curriculum length (88–118 lessons a year) raises concern that essential drug prevention material might get lost.

■ Curriculum includes instruction on how to adapt activities to different cultural groups. Translated into Swedish and Norwegian; Spanish supplement. Background material on reinforcing curriculum school-wide. Violence prevention curriculum for k-6 grade at extra cost. Quest programs provide detailed strategies for fidelity of implementation including training manual, community support of local Lions Clubs, advisory team handbook, follow-up training of trainers and toll-free technical support line.

○ Strong, well-developed family component includes highly detailed guidelines for presentations on key issues, as well as colorful activity books and videos. Also uses parents as volunteers in classroom activities and service learning activities. Tips for involving community.

Quest: Skills for Adolescence

(see Skills for Growing)

(800) 446-2700 Grades: 6-8

www.quest.edu

▲ Well-organized curriculum (100 sessions) which can be implemented as a 9 week minicourse or a 3 year curriculum. Very attractive materials with strong emphasis on cooperative learning. Tips for infusing curriculum into other subject areas. Teacher's resource book is a good reference. Includes information about alcohol, tobacco and other drugs.

▼ Length of curriculum and sometimes incomplete coverage of skills might result in lower effectiveness. Role plays in small groups allow more students to practice, but provide less feedback than can be gotten from a full-class activity.

□ Curriculum includes instruction on how to adapt activities to different cultural groups. Translated into 10 languages. Separate violence prevention curriculum. Fidelity of implementation same as in Skills for Growing.

○ Strong family component includes parent involvement in homework assignments, letters, home study guide.

Quest: Skills for Action

(see Skills for Growing)

(800) 446-2700 Grades: 9-12

www.quest.edu

▲ Addresses drugs and violence and emphasizes personal and social responsibility. Curriculum covers personal and social skills, with a unique focus on the application of skills through a student-selected community service project. Contains 33 core sessions as well as a 15 session curriculum: "Teens, Alcohol and Other Drugs." Some sessions require more than one class period.

▼ Depending on the energy and commitment of the teacher, the community service project format has potential as a powerful vehicle for skills training. However, a class might encounter feasibility problems, depending on the project selected. As with other Quest programs, reviewers are concerned about length of curriculum.

□ Detailed strategies for fidelity of implementation as in other Quest programs. Translated into Dutch. Includes a violence prevention curriculum.

○ Strong family component.

Science for Life and Living

Kendall-Hunt Publishing Co.

4050 Westmark Drive

Dubuque, IA 52004-1840

(800) 542-6657 Grades: k-6

www.kendallhunt.com

▲ Science curriculum to be taught 3 times a week. Covers resistance, personal and social skills training, combines decision making, problem solving and scientific analysis. Very well organized with detailed instructions for teachers in every lesson; good guidance about possible modifications if time is limited. Emphasis on cooperative learning. Material especially relevant to drug education appears in grades 4 and 6. Includes information about alcohol, tobacco and other drugs. Attractive materials.

▼ Hard-cover textbooks increase cost of curriculum. Different personal and social skills taught in different years. Raises concern that inconsistent coverage of material may lessen effectiveness of skill development.

□ Thoughtful discussion of gender equity. Adequate instruction for teaching different cultural groups. Activity kits available. Guide for school-wide activities. Revised 1999 curriculum not completed in time for review by Drug Strategies.

○ Tips for involving families.

Teenage Health Teaching Modules

Education Development Center, Inc.

55 Chapel Street

Newton, MA 02458-1060

(800) 225-4276 Grades: 6-12

www.edc.org

▲ Well-organized curriculum (40 to 70 sessions per year) containing material on alcohol, tobacco and other drugs. Emphasizes resistance, personal and social skills. More focus on refusal skills in grades 7-8; teachers in later grades encouraged to repeat those lessons if their students need more training. Detailed instructions for teachers including time needed for each activity. Emphasis on cooperative and small group learning.

▼ Length causes concern that essential material may be omitted. Although manual for grades 9-10 gives guidance on how to abbreviate curriculum, shortened curriculum still contains 45 sessions.

□ Tips on making curriculum culturally appropriate. Material on HIV/AIDS and violence prevention.

○ Homework assignments for families. Optional community service projects.

Comprehensive Health Curricula*
General Information

O offered
R required
SR strongly recommended
N not available

A very good
B good
C satisfactory
D poor
F very poor

	Actions for Health	Choosing Health High School	Comprehensive Health for the Middle Grades	Discover: Decisions for Health	Great Body Shop	Growing Healthy	Health Skills for Life	Know Your Body	Michigan Model	Quest: Skills for Growing	Quest: Skills for Adolescence	Quest: Skills for Action	Science for Life and Living	Teenage Health Teaching Modules
Grade Level	k-6	9-12	5-9	6-12	k-6	k-6	k-12	k-6	k-12	k-5	6-8	9-12	k-6	6-12
Overall quality	B	B	B	C	B	B	C	B	A	B	C	B	C	B
Evaluation						See page 38		See page 38	See page 39					See page 40
Fidelity of Implementation:														
Ease of Administration	B	B	A	C	B	B	C	C	B	A	A	B	A	B
Teacher Training	O	O	O	O	R	R	SR	SR	SR	R	R	R	O	SR
Rehearsal and role plays	B	C	B	D	B	C	B	C	A	B	A	B	B	B
Year Created	1994	1997	1989	1993	1987	1978	1982	1975	1984	1990	1985	1995	1992	1981
Year Revised			1996		1999	1996	1996	1996	1999	1998	1992		1999	1998
Cost	$235	$319	$515	7-8 $600 9-12 $800	$210	$550**	k-8 $240-360 9-12 $1,050	$65-210	$240	$498**	$617**	$488**	$784-1,588	6-8 $410 9-10 $360

* Guidelines for comprehensive health vary from state to state. Consumers should check to see that a curriculum meets their state's requirements.
** Cost cited here includes training, curriculum guides and student materials. Cost is lower in subsequent years.

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Comprehensive Health Curricula

Awareness and Resistance Skills

3 very good coverage
2 adequate coverage
inadequate coverage
nc not covered

	Actions for Health	Choosing Health High School	Comprehensive Health for the Middle Grades	Discover: Decisions for Health	Great Body Shop	Growing Healthy	Health Skills for Life	Know Your Body	Michigan Model	Quest: Skills for Growing	Quest: Skills for Adolescence	Quest: Skills for Action	Science for Life and Living	Teenage Health Teaching Modules
Grade Level	k-6	9-12	5-9	6-12	k-6	k-6	k-12	k-6	k-12	k-5	6-8	9-12	k-6	6-12
Normative Education	nc				2		nc	2	3	2		2		2
Awareness of Social Influences	2	2	2		3	2	2	2	3	3	2	2	2	2
Advertising Pressures	2	2	2	2	3	2	2	2	3	3	2	2	2	2
Refusal Skills	2	2	3		2	2	2	2	3	3	2	2	2	2

Comprehensive Health Curricula

Personal and Social Skills

3 very good coverage
2 adequate coverage
1 inadequate coverage
nc not covered

	Actions for Health	Choosing Health High School	Comprehensive Health for the Middle Grades	Discover: Decisions for Health	Great Body Shop	Growing Healthy	Health Skills for Life	Know Your Body	Michigan Model	Quest: Skills for Growing	Quest: Skills for Adolescence	Quest: Skills for Action	Science for Life and Living	Teenage Health Teaching Modules
Grade Level	k-6	9-12	5-9	6-12	k-6	k-6	k-12	k-6	k-12	k-5	6-8	9-12	k-6	6-12
Decision Making	2	3	2	2	3	2	2	2	3	3	2	2	3	3
Stress Management	2	2	2	1	2	2	2	2	3	2	2	2	2	3
Communication Skills	2	3	2	2	2	2	2	2	3	2	2	2	3	3
Social Skills	2	nc	2	1	2	nc	2	2	3	2	2	2	2	2
Assertiveness Skills	2	2	nc	2	2	2	2	2	3	2	2	2	3	2

K-12 Drug Prevention Curricula Descriptions

BABES

BABESWORLD, Inc.
33 East Forest
Detroit, MI 48201
(800) 542-2237 Grades: p-12
www.babesworld.com

▲ Attractive, 7 session per year program promoting development of personal skills. Curriculum in cartoon, storybook format. Good tips on implementation, developmental issues; seems especially appropriate for k-6.

▼ Cartoon format somewhat juvenile for 9th-12th grade. Layout not easy to use: text without headings or bold-faced print. Reviewers only received 5 sample lessons of entire curriculum and were therefore unable to assess content adequately.

■ Provides minimal instruction to facilitate culturally sensitive implementation.

○ Includes BABESTART, a group treatment program for families with substance abuse problems and BABESKIDS, a support group for children from chemically dependent homes.

D.A.R.E.

(Drug Abuse Resistance Education)
D.A.R.E. America
PO Box 512090
Los Angeles, CA 90051
(800) 223-DARE Grades: k-12
www.dare.com

▲ Appealing curriculum covering drinking, smoking and other drug use, and promoting good citizenship, taught by uniformed police officers. One to 5 sessions in k-4, 17 core lessons in 5th or 6th grade, 10 lessons in junior high/middle school, and 10 lessons taught by officer with help from teacher in high school. Elementary lessons emphasize safety issues with 1-2 sessions per level on drug prevention. The core lessons, revised in 1994, cover important prevention elements, including skill development. Student anti-drug essays and graduation at end of core session. This 1994 revision of the 5th or 6th grade curriculum has not been evaluated in research studies. Strong normative material in high school.

▼ Consistent results from longitudinal studies of the original, unrevised elementary core curriculum show no sustained effects on alcohol, tobacco or other drug use. Uneven sequencing of lessons raises concern about effectiveness of skill development. Normative material in junior high could be strengthened.

■ Curriculum has been translated into Spanish, and videos are available in English and Spanish. Workbook is available in Braille. Many extras; infusion guide with supplemental activities for teachers and community after school activities. Attractive student workbooks and poster cards. Activity book for teachers to reinforce core lessons. Extensive accredited training of instructors plus classroom monitoring to ensure fidelity of implementation. Elementary curriculum will be revised in 1999.

○ Revised parent program available summer 1999.

Discover: Skills for Life

American Guidance Service, Inc.
4201 Woodland Road
Circle Pines, MN 55014-1796
(800) 328-2560 Grades: k-12
www.agsnet.com

▲ Personal and social skills curriculum with a clear no-use message. Colorful materials; good instructional tip sheets on interactive techniques. Twenty to 30 lessons per year focus on drugs and violence. Extensive information about alcohol, tobacco and other drugs. Lesson plans very well organized for teachers, particularly in k-6.

▼ Lesson plans heavy on text in middle and high school. During these later grades, the emphasis on abstract concepts with less attention to skills training and practice may limit effectiveness. Instructions for role plays better in k-6 than in later grades. Required student materials add to cost of curriculum.

■ Ethnic models in photos. Available in Spanish. HIV/AIDS prevention integrated into the curriculum. Videos.

○ Includes family activities, home study guides, parental letters in English and Spanish and tips for community involvement.

Drugs and Alcohol Curriculum Modules

Sunburst Communications
P.O. Box 40
Pleasantville, NY 10570
(800)431-1934 Grades: 2-12
www.sunburst.com

▲ Very attractive modules for grades 2-4, 5-9 and high school, with weekly sessions within each module. Emphasizes resistance skills, decision making, communication and assertiveness. Provides information on alcohol, cigarettes, marijuana, inhalants and other drugs. Video-based, with lesson plans relying heavily on videotapes. Also includes 26 minute video for staff development. Nicely packaged, lots of activity cards, posters, how-to sheets to facilitate implementation. Suggestions for infusion.

▼ Normative-type activities lack adequate instruction. Without instruction, some activities could suggest and reinforce negative norm. Emphasizes flexibility and versatility raising concern about how the curriculum would be implemented.

■ Many extras including fact sheets, posters and activity cards; more than 2 dozen videos. High school module being revised.

○ Includes family activities for elementary school children to promote communication between parents and children and to reinforce topics covered in lesson.

Get Real About Tobacco

AGC United Learning
1560 Sherman Avenue, Suite 100
Evanston, IL 60201
(800) 323-9084 Grades: k-12
www.agcmedia.com

▲ Very attractive kits with 9-14 lessons, plus 3-4 follow-up lessons in grades k-3, 4-6,6-8, and 9-12. Intense focus on tobacco, including dealing with sidestream (also known as second hand) smoke. Strong emphasis on norms and resisting influences, as well as on negative, short-term social consequences. High school program includes commitment not to use tobacco and lessons on quitting.

▼ Students whose family members smoke could be upset by information about sidestream smoke, yet minimal guidance to teachers or students to address this concern. Interactive techniques could be more fully described. Additional guidance in normative education activities would strengthen program.

■ High quality videos promote positive norms and the likelihood of fidelity of implementation by demonstrating and modeling skills and concepts. Many extras: anatomical "smoking" model, puppets, videos, audios. Pretest, posttest evaluation tools as well as planning materials to help teachers transfer learning to other subject areas.

○ Family activities include newsletter and homework.

Here's Looking At You

AGC United Learning
1560 Sherman Avenue, Suite 100
Evanston, IL 60201
(800) 323-9084 Grades: k-12
www.agcmedia.com

▲ Well-organized personal and social skills training curriculum based on research in risk and protective factors and emphasizing cooperative learning. Fifteen to 30 sessions per year. Extensive background information and highly detailed instructions for teachers. Excellent coverage of refusal skills. Includes activities to promote bonding to schools. Teaches social resistance skills within the context of personal and social skills training. Very appealing activities. Good use of role plays. Curriculum was formerly known as Here's Looking At You 2000.

▼ Although program developers stress importance of teaching every lesson, curriculum may be too long to teach in its entirety. Very little guidance on what is essential. Uneven sequencing of lessons. Sharing resource kits may be difficult.

■ Fidelity of implementation addressed with extensive customer service program including monthly on-site visits; support materials include an innovative CD Rom designed to promote implementation. Very attractive resource kits provide books, videos, games, puppets, puzzles and detailed teacher guide. Includes student knowledge surveys, a student magazine and suggestions for infusion. Tips for reaching low achieving students. Extra component on violence prevention. Revised curriculum discusses U.S. Department of Education Principles of Effectiveness.

○ Includes a family newsletter, parent video, homework assignments and community service activities.

Learning About Alcohol and Other Drugs

CASPAR
226 Highland Avenue
Somerville, MA 02143
(617) 623-2080 Grades: k-12
www.caspared.org

▲ Six to 10 alcohol and 6 to 10 drug lessons for each grade level. Curriculum addresses family alcoholism. Flexible curriculum gives teacher choice of lessons in each unit, and provides guidance about what is essential to prevention.

▼ Curriculum contains no-use message for drugs and tobacco, but not for alcohol. Curriculum at times spends excessive effort presenting a tolerant view of drinking. Information about alcohol sometimes overwhelming. Instructions for interactive teaching techniques are not consistently clear.

■ Recognizes cultural differences in use of alcohol, but instructions on presenting material in a culturally sensitive way are minimal. Extras include puppets and videos.

Learning to Live Drug Free

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
(800) 729-6686 Grades: k-12
www.health.org

▲ Produced by U.S. Department of Education for free distribution to schools. Curriculum divided into 4 modules (k-3, 4-6, 7-8, and 9-12) with 8 to 12 lesson plans for each module. Lessons designed for infusion with other subjects. Extensive background information on developmental issues. Provides information on alcohol, tobacco and other drugs. Considerable emphasis on information on drugs, drug laws and effects of drug use on society.

▼ Sequence of lessons weak. One page lesson plans brief and incomplete. Introduction emphasizes normative education but minimal follow-through in lesson plans.

■ This curriculum could be useful as an outline for experienced teachers. Background material emphasizes importance of cultural sensitivity but gives little guidance on implementation.

○ Suggestions for involving families and communities.

Prime Time: A Comprehensive Drug Education Program

Innerchoice Publishing/Jalmar Press
24426 S. Main, Suite 702
Carson, CA 90745
(310)816-3085 Grades: k-12
www.ierc.com

▲ Large, weekly curriculum covering alcohol, tobacco, marijuana, inhalants and other drugs. Includes many sessions on social influences, decision making, communication and social skills. Strong middle school component. Good emphasis on negative, short term consequences. Relies heavily on an interactive technique called sharing circles.

▼ Early normative activities have insufficient guidance. Uneven treatment of critical skills. Some sessions poorly focused. Concern that critical material could get lost. Some outdated background material in introduction. Often lacks guidance about what to expect and points to make in discussion. Inconsistent treatment of skills.

■ Suggestions of books related to themes and objectives.

○ Strategies for families include homework, letters, home study guides, workshops and presentations. "Family Connections" is an extensive separate component providing material and activities for parents and children from preschool through high school to promote drug prevention skills and family unity.

Project Oz

502 South Morris Avenue
Bloomington, IL 61701
(309) 827-0377 Grades: k-12
www.projectoz.org

▲ Lengthy alcohol, tobacco, drug and violence prevention curriculum, emphasizing personal and social skills. Very flexible format, which provides teachers with numerous activities to choose from in each skill area; curriculum could range from 20 to 140 sessions per year; choice is left to teacher. Extensive drug information component. Updated 6th and 7th grade "Best Practices in Prevention" includes violence prevention.

▼ Some guidance on the most critical elements of the curriculum although no specific advice on which activities to teach, raising concern whether most important skills training activities will be covered. Instructions on discussions and role play inconsistent. Refusal skills activities sometimes focus on abstract concepts rather than skills training.

■ Contains some ethnic models in illustrations. Curriculum adapted to foster inclusion of students with learning and other disabilities. Material on HIV/AIDS; videos. Newly revised program for Grades 1-3.

○ Family homework, home study guides, workshops, presentations and separate component for parents. Special component for parents of children with learning disabilities.

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That's Life

Telesis Corporation
409 Camino Del Rio South, Suite 205
San Diego, CA 92108
(800) 542-2966 Grades: k-10
www.telesis.org

▲ Personal and social skills training with emphasis on decision making. Twenty to 47 sessions per year. Extensive background material for teachers in each unit on prevention and identifying children at risk. Supplemental materials contain tips on classroom management.

▼ Excessive information about alcohol, tobacco and other drugs. Teaching materials emphasize skill concepts rather than skills training. Limited instruction for teachers and purpose of activities not always clear. Weak on normative education.

■ Includes materials for evaluation of student progress. Workbooks in Spanish. Components on violence and HIV/AIDS prevention. Curriculum available on CD-ROM.

○ Letters and homework assignments for parents.

Too Good for Drugs II

C. E. Mendez Foundation
Prevention Education Programs
601 South Magnolia Avenue
Tampa, Fl 33606
(800)750-0986 Grades: k-12
www.mendezfoundation.org

▲ Some very strong elements in this very detailed, 10 session per year curriculum. Provides developmentally appropriate information about alcohol, tobacco and marijuana. Normative education activities creative and compelling, new ideas for games. Includes no-use pledge. Good effort to promote fidelity of implementation.

▼ Concern about how much time some activities would take. Not sure time allotments always feasible.

■ A companion to A Peaceable Place, a violence prevention curriculum. Tips for improving climate as well as training workshops. Fidelity of implementation tools include scripted lesson plans, evaluation materials and a training manual.

○ Family component includes good practice with parents in homework assignments. Suggestions for infusion as well as for community and family involvement.

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K-12 Drug Prevention Curricula

General Information

(O) offered
(R) required
(SR) strongly recommended
(N) not available

(A) very good
(B) good
(C) satisfactory
poor
(F) very poor

	BABES	D.A.R.E.	Discover: Skills for Life	Drugs and Alcohol Curriculum Modules	Get Real About Tobacco	Here's Looking At You	Learning About Alcohol and Other Drugs	Learning to Live Drug Free	Prime Time	Project Oz	That's Life	Too Good for Drugs II
Grade Level	preschool-12	k-12	k-12	2-12	k-12	k-12	k-12	k-12	k-12	k-12	k-10	k-12
Overall quality	*	B	C	B	B	B	C	C	B	C	C	B
Evaluation		See page 38										
Fidelity of Implementation:												
Ease of Administration	C	A	C	B	B	B	B	B	B	B	C	A
Teacher Training	R	R ***	O	O ****	SR	SR	SR	N	O	O	SR	SR
Rehearsal and role plays	*	B		C	B	B	C	B	B	C		B
Year Created	1977	1981	1990-93	1991	1997	1986	1974	1989	1991	1989	1986	1998
Year Revised	1990	1998	1996 (k-6)	1999		1999	1995			1998	1995	
Cost	$690**	$30	$448-568	$749-999	$525-575	$1,000	k-6 $200 7-10 $125	free	$95	$75	$170	$18-100

* Insufficient curriculum material provided to assess content and coverage.
** Includes required training.
*** D.A.R.E. officers trained at no cost to schools.
**** Teacher training is a video.

K-12 Drug Prevention Curricula
Awareness and Resistance Skills

3 very good coverage
2 adequate coverage
1 inadequate coverage
nc not covered

	BABES	D.A.R.E.	Discover: Skills for Life	Drugs and Alcohol Curriculum Modules	Get Real About Tobacco	Here's Looking At You	Learning About Alcohol and Other Drugs	Learning to Live Drug Free	Prime Time	Project Oz	That's Life	Too Good for Drugs II
Grade Level	preschool-12	k-12	k-12	2-12	k-12	k-12	k-12	k-12	k-12	k-12	k-10	k-12
Normative Education	*	2	1	1	2	2	nc	nc	2	1	1	2
Awareness of Social Influences	*	2	2	2	3	2	2	2	2	2	2	2
Advertising Pressures	*	2	2	2	3	2	2	2	2	2	2	2
Refusal Skills	*	2	1	2	3	3	2	2	3	2	1	2

* Insufficient curriculum material provided to assess content.

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K-12 Drug Prevention Curricula

Personal and Social Skills

3 very good coverage
2 adequate coverage
1 inadequate coverage
nc not covered

	BABES	D.A.R.E.	Discover: Skills for Life	Drugs and Alcohol Curriculum Modules	Get Real About Tobacco	Here's Looking At You	Learning About Alcohol and Other Drugs	Learning to Live Drug Free	Prime Time	Project Oz	That's Life	Too Good for Drugs II
Grade Level	preschool-12	k-12	k-12	2-12	k-12	k-12	k-12	k-12	k-12	k-12	k-10	k-12
Decision Making	*	2	2	2	1	3	2	2	2	2	2	2
Stress Management	*	2	2	2	nc	2	2	2	3	2	2	2
Communication Skills	*	nc	2	2	nc	2	nc	nc	3	2	2	3
Social Skills	*	2	2	nc	nc	2	nc	2	2	1	2	nc
Assertiveness Skills	*	2	2	2	2	3	1	1	3	2	2	3

* Insufficient curriculum material provided to assess content.

Elementary and Middle School Drug Prevention Curricula Descriptions

Counter Act

Hazelden Publishing and Education
P.O. Box 176
Center City, MN 55012-0176
(800) 328-9000 Grades: 4,5 or 6
www.hazelden.com

▲ Attractive 6 session curriculum covering alcohol and tobacco, designed to be delivered by police officers. Colorful, well-designed slide presentation format. Material emphasizes recognizing influences and resistance skills training. Background tips for working with teachers, discipline and classroom management.

▼ More appropriate for 6th than 4th graders. Complex "circle technique" for interactive teaching depends on experienced provider. Instructions for interactive teaching techniques generally lack detail and follow-through. Number of lessons may be inadequate to teach necessary skills.

■ Lesson on violence.

○ Family materials include a session for parents, letters and family nights.

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Facts, Feelings, Family and Friends

Hazelden/Johnson Institute
P.O. Box 176
Center City, MN 55012-0176
(800) 328-9000 Grades: k-6
www.hazelden.com

▲ A personal and social skills development curriculum with approximately 20 sessions a year. Designed to be used before From Peer Pressure to Peer Support (Grades 7-12). Covers alcohol, tobacco and other drugs. Strong emphasis on cooperative learning. Very good background information on drugs and key elements of prevention. Curriculum is organized around idea of youth helping each other stay off drugs. Good material on normative education.

▼ Refusal skills training is not well developed, particularly in 6th grade. Minimal use of role plays.

■ Includes discussion of needs of special education students, a community service project and evaluation materials for students.

Growing Up Strong

Center for Child and Family Development
555 Constitution, Suite 221
Norman, OK 73072-7820
(800) 522-0772, ext.1446 Grades: p-6
www.ccfd.com

▲ A mental health promotion curriculum with daily sessions on drug use and other health issues. Extensive information for teachers on classroom management. Students form clubs in 5th and 6th grades which could provide a positive group norm at a time when students are increasingly aware of peer attitudes.

▼ Incomplete instructions for teachers, particularly for the upper grades, making it questionable that the curriculum will improve skills. Weak instruction regarding normative education. Poor sequencing of lessons.

■ Behavioral checklist to measure student progress. Computer software on drug information. Spanish and Native American supplements. Some material translated into Spanish. Extras include puppets, awards and magnets.

○ A family component with homework and letters.

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Growing Up Well

Chestnut Health Systems
Lighthouse Institute
702 West Chestnut
Bloomington, IL 61701
(309) 827-6026 Grades: k-8
www.chestnut.org

▲ Four to 5 sessions a year emphasizing information on alcohol, tobacco and other drugs, refusal skills training and personal self-management. The k-3 curriculum seeks to make students aware of potential dangers and give them a sense that they can control some dangers. The 4-6 curriculum works to increase understanding of self and the pressures students will encounter. The 7-8 curriculum promotes general personal and social skills. No-use message for students on alcohol.

▼ Sequence of lessons not consistent; some lessons try to cover too many skill areas. Excessive detail in some lessons could make teachers resort to lecturing. Number of lessons may be inadequate to teach necessary skills.

○ Instruction for handling sensitive issues such as personal disclosures. Eight animal puppets available at extra cost.

I'm Special

Drug Education Center/Prevention Services
1117 East Morehead Street, Suite 200
Charlotte, NC 28204
(704) 375-3784 Grades: 3 or 4
www.preventionservices.org

▲ Eight session curriculum designed to enhance self-esteem, self-management, communication and social skills, with one lesson covering refusal skills and drug information. Teacher to select from a menu of interactive activities. Complete overview of teaching techniques in introduction. Clear instructions for discussions and brainstorming. Good tips on discipline.

▼ Weak on role playing. Brevity of curriculum causes concern that material is inadequate to develop necessary skills.

■ Lots of alternative activities. Multiethnic students in photographs but minimal instructions for cultural sensitivity. Suggestions for infusion.

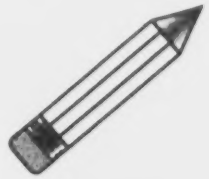
Just Say I Know How

Innerchoice Publishing/Jalmar Press
24426 S. Main, Suite 702
Carson, CA 90745
(310) 816-3085 Grades: k-6
www.ierc.com

▲ Over 100 activities to promote alcohol and drug resistance. Relies on "magic circles," an interactive technique, to provide structure for group discussions. Numerous activities on self-awareness and feelings, personal development and social relationships.

▼ Curriculum not tightly focused on important skill elements for drugs. Weak on normative education. Resources dated. Instructions for role play often confusing. Needs suggested age levels for activities.

■ Discusses family influences and traditions in some lessons.



Paper People

The Knopf Company
1126 South Main Street
Plymouth, MI 48170-2214
(800) 420-4343 Grades: p-3
www.knopfcompany.html

▲ Eight session curriculum to be implemented in one year, emphasizing self esteem and decision making, with some focus on stress management, communication skills and advertising awareness. Brief attention to alcohol and tobacco. Relies on paper bag puppets, which each child makes. Good organization, lesson summaries and rationale statements for teachers. Objectives of activities very clear. Extensive background on identifying and helping high risk students. Developmentally appropriate for young students. Revised 1999 version of curriculum (10 sessions, with pre and post tests) was not completed in time for review by Drug Strategies.

▼ Materials not very colorful. Number of lessons may be inadequate to teach necessary skills.

■ Strong emphasis on identifying and helping children of alcoholics. Cassette with Paper People song.

○ Family component reinforces class concepts and includes homework assignments, letter, brochures and presentations.

Positive Action

321 Eastland Drive
Twin Falls, ID 83301
(800) 345-2974 Grades: k-8
www.posaction.com

▲ Extensive curriculum involving almost daily 15-30 minute lessons. Strong emphasis on self-control and positive self-image with assumption that positive behaviors will follow. Unique curriculum using stories and scripts read in class to prompt discussions and make points. Very well prepared for teachers, although lots of text in each lesson. Drug education supplements for grades 5 and 6.

▼ Major concerns of reviewers about curriculum emphasis on concepts and cognitive skills rather than interpersonal skills training, as well as use of scare tactics.

■ Very attractive materials. Lots of extras: principal's kit, puppets, posters and audio cassettes. Ongoing support offered through toll-free number. Attentive to fidelity of implementation. Has detailed training manual. Step by step plan that includes monitoring curriculum to assure compliance and tips for adapting and evaluating curriculum.

○ Separate family component (326 pages) reinforces curriculum philosophy.

Project Charlie

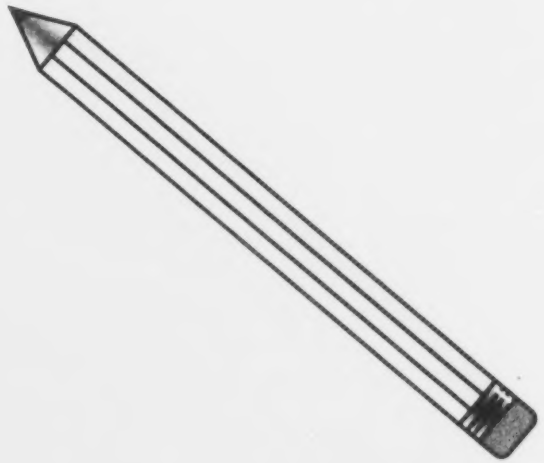
6425 Nicollet Avenue S.
Richfield, MN 55423
(800) 279-5437 Grades: k-6
www.projectcharlie.org

▲ Elementary curriculum with a clear no-use message. Emphasizes the importance of basic values such as honesty, integrity, respect for self and others, cooperation and kindness. Four units on self-awareness, relationships, decision making and chemical use covered in primary and intermediate grades with 8-26 lessons per unit. Approximately 40 sessions per year. Extensive information about alcohol, tobacco and other drugs as well as resistance skills within the context of personal and social skills.

▼ Menu of alternative activities for each session. Not all activities equally appropriate or useful for skill development. Success depends on what teacher chooses to implement, with little guidance to teachers concerning critical elements of prevention.

□ Session on stereotypes and prejudice, although minimal instruction on making other lessons culturally sensitive. Provides a detailed training manual. Emphasizes ongoing support and communication to promote fidelity of implementation. New leadership program trains high school students to teach Project Charlie to elementary students.

◇ Strong family components with adventure story workbook encourage communication, decision making and positive parent-child relationships.



Elementary and Middle School Drug Prevention Curricula

General Information

O offered
R required
SR strongly recommended
N not available

A very good
B good
C satisfactory
poor
F very poor

	Counter Act	Facts, Feelings, Family and Friends	Growing Up Strong	Growing Up Well	I'm Special	Just Say I Know How	Paper People	Positive Action	Project Charlie
Grade Level	4, 5 or 6	k-6	preschool-6	k-8	3 or 4	k-6	preschool-3	k-8	k-6
Overall quality		C		C	C		C	C	C
Evaluation									
Fidelity of Implementation:									
Ease of Administration	B	B	C	C	B	C	A	B	B
Teacher Training	SR	N	O	O	O	O	O	O	SR
Rehearsal and role plays	C		F	C	B	C	C		C
Year Created	1989	1991	1983	1995	1980	1990	1987	1982	1976
Year Revised	1995		1989		1992		1995	1995	1992
Cost	$465	$30	$175	k-3 $385 4-6 $195 7-8 $138	$25	$45	$199	$260	$35-70

Elementary and Middle School Drug Prevention Programs

Awareness and Resistance Skills

3 very good coverage
2 adequate coverage
inadequate coverage
nc not covered

	Counter Act	Facts, Feelings, Family and Friends	Growing Up Strong	Growing Up Well	I'm Special	Just Say I Know How	Paper People	Positive Action	Project Charlie
Grade Level	4, 5 or 6	k-6	preschool-6	k-8	3 or 4	k-6	preschool-3	k-8	k-6
Normative Education		2					nc		nc
Awareness of Social Influences	2	2		2	nc		nc	2	2
Advertising Pressures	2	2	nc	2	nc	2	2	2	2
Refusal Skills		2		2			nc		2

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Elementary and Middle School Drug Prevention Programs

Personal and Social Skills

3 very good coverage
2 adequate coverage
inadequate coverage
nc not covered

	Counter Act	Facts, Feelings, Family and Friends	Growing Up Strong	Growing Up Well	I'm Special	Just Say I Know How	Paper People	Positive Action	Project Charlie
Grade Level	4, 5 or 6	k-6	preschool-6	k-8	3 or 4	k-6	preschool-3	k-8	k-6
Decision Making		2		2	2		2	2	2
Stress Management	nc	nc		2	2	2	2	2	2
Communication Skills	nc	nc	2	nc	2		2	2	2
Social Skills	nc			2	2		nc	2	2
Assertiveness Skills	nc	2	nc	2	nc		2	nc	2

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Middle and High School Drug Prevention Curricula Descriptions

Alcohol Misuse Prevention Program (Series II)

University of Michigan
Institute for Social Research
P.O. Box 1248
Ann Arbor, MI 48106-1248
(734) 647-0587 Grades: 6-8

▲ Clever curriculum, with original activities, focusing on alcohol use prevention. Includes well-developed normative education; emphasis on recognizing influences and refusal skills. Original and revised curricula both available; however, revised curriculum better organized for teachers with 8 sessions (6th grade), 5 sessions (7th), 4 sessions (8th). Recommends implementation in 2-week period. Uses role plays effectively. (Scores on charts reflect assessment of revised curriculum.)

▼ Number of lessons may be inadequate to teach necessary skills. Minimal background material for teachers.

■ Includes posters and videos. Promotes fidelity of implementation with letters to teachers and self-evaluation tools for teachers.

○ Excellent parent activities involving homework, presentations and letters.

ALL STARS

Tanglewood Research, Inc.
P.O. Box 1772
Clemmons, NC 27012-1772
(800) 826-4539 Grades: 6,7,8
www.tanglewood.net

▲ Unique, regularly revised and updated curriculum with primary attention to ideals, normative education, developing commitment to a healthy lifestyle and pro-social bonding. Strong emphasis on character development, discussions, games and debates, but not role play. Two versions of curriculum: one (21 sessions) relies on trained specialists from outside agencies (police, mental health professionals or substance abuse prevention specialists) with trained teachers in assistance; the other (21 sessions) relies on implementation by trained classroom teacher in 25 minute homeroom periods. Personal commitment pledge for healthy behaviors and ceremony at end of program.

▼ Optional one-on-one meetings between teacher and students; extensive post-session analysis. Would require provider experienced in motivating and working with adolescents. Teacher guide very detailed but not engaging.

■ Infusion training manual. Uses "infusion meetings" to help teachers reinforce program material in other subject areas. Promotes fidelity of implementation with teacher observation forms. Fifteen session community program.

○ Strong family program includes parent training session, homework assignments, a brochure and videos, based on issues identified as critical by researchers. Worksheets for student to complete with parents.

Drug Proof

American Guidance Service
4201 Woodland Road
Circle Pines, MN 55014-1796
(800) 328-2560 Grades: 6-8
www.agsnet.com

▲ Nicely organized 39 lesson curriculum on resistance to alcohol, tobacco and other drugs. Broad coverage of prevention elements. Each lesson consists of core content, small group discussion and an "activity bank." Includes list of state and national drug information resources.

▼ Teachers given a menu of activities in each lesson, raising concern that essential material might be skipped. Weak instructions for role plays and class discussions.

■ Some instructions for presenting material in culturally sensitive way. Tips for identifying and helping isolated or unpopular students. Audio cassettes for use with students at low reading level, with hearing loss or visual impairment, or for varied presentation. Posters available.

○ Tips for involving families.

Drugs in the Schools

Center for Civic Education
5146 Douglas Fir Road
Calabasas, CA 91302
(800)350-4223 Grade Level: 6-9
www.civiced.org

▲ This 9 lesson curriculum, which takes 12 to 15 class sessions to implement, incorporates a "civics" approach to drug prevention designed to promote democratic participation. Students use a problem solving approach to address a hypothetical school problem and influence policy. Does not provide information about alcohol and drugs in traditional sense, though it includes newspaper articles which discuss these substances in the context of their stories.

▼ Objectives are consistent with a normative curriculum yet program could be strengthened by additional information about avoiding pitfalls of normative education. Emphasizes importance of community service with students developing a hypothetical plan of action. Does not cover social resistance skills.

□ A companion "civics" program called Violence in the Schools is also available. Field tested with learning disabled and physically impaired students.

From Peer Pressure to Peer Support

Hazelden/Johnson Institute
P.O. Box 176
Center City, MN 55012-0176
(800) 328-9000 Grades: 7-12
www.hazelden.com

▲ Innovative, 20 session per year curriculum covering resistance skills, self esteem, decision making, stress management, communication skills, social skills and assertiveness skills. Covers alcohol, tobacco and other drugs. Emphasis on peer group process. Very good background information for teachers.

▼ Number of activities causes concern that teacher may omit essential prevention material. Reading level high for 7th and 8th grade students; more appropriate for high school. Emphasis on cooperation and group work in background information, but little detailed instruction for teachers on how to implement activities themselves.

□ Includes a community service project and tests for students.

Life Skills Training

Princeton Health Press
115 Wall Street
Princeton, NJ 08540
(800) 636-3415 Grades: 6-8 or 7-9
www.lifeskillstraining.com

▲ Extensively-evaluated curriculum focusing on resistance skills training within the context of broader personal and social skills. Fifteen session core curriculum in 6th or 7th grade with 10 and 5-8 booster sessions in the 2 following grades. Focuses on alcohol, tobacco and marijuana. Very well-organized and complete. Good use of interactive techniques. Entire program comes together as well-integrated, on-target curriculum, addressing critical prevention elements in an efficient and compelling way. Program is especially tuned to issues of young adolescents, with clear and straightforward presentation to teachers.

▼ Teacher training in interactive techniques would help maintain student interest.

□ Revised for use with urban African American and Hispanic youth. Curriculum shown to be effective with white, African-American and Hispanic youth. Frequent updates. Includes a relaxation training tape. Identified by CDC as a "Program that Works." Promotes fidelity of implementation with self-administered teacher checklist and detailed training manual.

Minnesota Smoking Prevention Program

Hazelden Publishing and Education
P.O. Box 176
Center City, MN 55012-0176
(800) 328-9000 Grades: 6-10
www.hazelden.org

▲ Six session, evaluated and highly focused curriculum with well-integrated peer leader component. Special emphasis on critical elements of social influences approach including normative education and a lesson on how to analyze advertising pressures. Also includes coverage of refusal skills.

▼ Very brief program with no boosters or follow-up. Too little time to develop and practice refusal skills.

○ Family involvement incorporates homework interview with adults.

Ombudsman

Drug Education Center/Prevention Services
1117 East Morehead Street, Suite 200
Charlotte, NC 28204
(704) 375-3784 Grades: 5-9
www.preventionservices.org

▲ Twice-a-week, one semester curriculum with large menu of activities. Many lessons focusing on self esteem, decision making, stress management and communication. Information on alcohol, tobacco and other drugs. Role plays emphasize understanding others' feelings rather than skills practice.

▼ Given large menu of activities, teachers might neglect to teach key prevention skills. Minimal instruction regarding normative education.

□ Good instruction for presenting material in a culturally sensitive way. Four lessons specifically dealing with ethnic differences, stereotyping and discrimination. Violence prevention activities.

○ Materials to encourage family involvement. Excellent community outreach project.

Project ALERT

BEST Foundation
725 S. Figueroa Street, Suite 1615
Los Angeles, CA 90017
(800) ALERT-10 Grades: 6,7 or 7,8
www.projectalert.best.org

▲ Two-year curriculum (11 sessions in first year, 3 in second) emphasizing development of resistance skills. Covers alcohol, tobacco and other drugs. Good material on normative education. Skills for resisting perceived or internal pressure as well as overt peer pressure. Well-organized with detailed instructions for teachers. Frequent updates. Recently added session on inhalants.

▼ Some concern about brevity. Schools should consider ways to reinforce material.

□ Manual for using peers as team leaders. Optional lessons on smoking cessation. Posters and classroom videos. Emphasizes teacher training and support newsletter to increase fidelity of implementation; demonstration videos; toll-free technical assistance phone line. Multi-ethnic models used in curriculum materials and frequently updated videos, but limited instructions on presenting material in a culturally sensitive way.

Project Northland

Hazelden Publishing and Education
P.O. Box 176
Center City, MN 55012-0176
(800)328-9000 Grades: 6-8
www.hazelden.com

▲ Creative curriculum focusing on alcohol use and abuse, revised to be more teacher friendly. Eight sessions per year. Many clever activities. Emphasis on resistance techniques and decision making. Sixth grade curriculum well integrated with strong family take-home assignments. Works to set a norm that drinking is not cool. Many appealing age appropriate elements. Lots of opportunity for role playing. Well organized for teachers.

▼ Curriculum still appears developed with suburban or rural students in mind; may need some adjustment for urban students. Some concern about brevity. Schools should consider ways to reinforce material. Instructions for role plays could be more detailed.

□ Comic book materials full of colorful characters. Well-structured peer led component. Audiotapes in 7th/8th grade. Includes a no-use pledge.

○ Well-developed family materials designed to build parent/child relationships and promote communication relative to drugs. Includes letters and presentations by students to parents.

Project TNT

(Towards No Tobacco Use)
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407 Grades: 5-9
www.etr.org

▲ Identified as a "Program that Works" by the CDC, this strong, normative, well-organized and easy to use curriculum consists of 10 sessions in the first year and a 2 session booster component. It puts strong emphasis on following the curriculum as written. Includes a public commitment not to use tobacco. Clever, ongoing game used to reinforce and preview program concepts and skills as well as to promote classroom management. Helps students understand how they can disagree or say no and still keep their friends.

▼ Major concern relates to brevity of program. Advertising video is of below average quality.

□ Two videos to complement TNT and 5 session high school smoking cessation program are available from the developers of TNT at (626) 457-5887.

○ Homework assignments involving family.

Reconnecting Youth

National Educational Service
1252 Loesch Road
Bloomington, IN 47404
(800)733-6786 Grades: 9-12
www. nesonline.com

▲ Well-organized 5-month (90 sessions) curriculum taught in daily small group sessions (ideally with a student/leader ratio of 12/1), especially to students who are at-risk for drug use, depression, aggression, academic failure and dropping out of school. In terms of drugs, emphasis is on reducing or controlling drug use and addictive behaviors, rather than on prevention or abstinence. The curriculum asks students to assess their current drug use and to develop strategies for addressing that use. Extensive background material for teachers. Based on strong theoretical model (risk and protective factors) and structured around personal and social skills training to build positive peer relationships as well as bonding to school.

▼ Ambitious program would require talented, skilled provider experienced in working with high-risk youth. Instructions for interactive techniques could be improved.

□ Outline of activities to promote bonding to school. Evaluation tools to monitor the quality of teacher implementation. Also has student measures to monitor progress. Calendar to help teachers implement curriculum as well as detailed training manual. Provides a crisis response plan to prevent suicide. Program also addresses anger management and academic achievement.

○ Family component under development.

Social Competence Promotion Program for Young Adolescents

Department of Psychology (M/C 285)
The University of Illinois at Chicago
1007 West Harrison Street
Chicago, IL 60607-7137
(312) 413-1008 Grades: 5,6 or 7
www.CASEL.org

▲ Twenty-seven session curriculum based on a strong interpersonal cognitive problem-solving model. Additional 9 sessions on drug abuse prevention and 9 sessions on sex education. Goes carefully through skills training with more opportunities for practice as curriculum progresses.

▼ Drug component contains activities not essential to prevention, with insufficient time spent on resistance skills training. Teacher materials lack visual appeal.

□ Includes some instructions for presenting material in a culturally sensitive way. Some materials and handouts in Spanish. Components on teen pregnancy and HIV/AIDS prevention. Posters and videos.

○ Tips for promoting family involvement including homework assignments, letters to parents. Suggestions for encouraging educators to offer presentations or workshops.

STAR

(Students Taught Awareness and Resistance)
Department of Preventive Medicine
University of Southern California
1441 Eastlake Avenue, MS-44
Los Angeles, CA 90033-0800
(213) 865-0325 Grades: 5-8

▲ Comprehensive, evaluated approach, including school-based curriculum, parent, media and community components. Two-year curriculum with 10 to 13 sessions in the first year and 5 to 7 in the second. Focuses primarily on development of resistance skills. Powerful material on normative education. Detailed instructions for role play; extensive discussion of problems teachers may encounter. Good background material on drugs with emphasis on short term effects. Fidelity of implementation promoted through teacher self-report surveys and classroom observations.

▼ Brief curriculum. Materials lack visual appeal. Would require a dynamic teacher to bring it to life.

■ Uses peer leaders; provides peer leader training. Filmstrip to demonstrate alcohol and tobacco advertising techniques. A version of STAR, I-STAR, is operated by STAR Alliance for Drug Free Youth in Indiana.

○ Homework assignments with parents as well as community. Parent-student workbook translated into Spanish and Vietnamese.

NOTE: this program will not be nationally available until the fall of 2000.

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Talking With Your Students About Alcohol * *

Prevention Research Institute
841 Corporate Drive, Suite 300
Lexington, KY 40503
(800) 922-9489 Grades: 5-12

▲ Theoretically based on research in genetics and biology of alcoholism, this curriculum has 5 introductory lessons in grade 5 or 6; 11 sessions per year thereafter. Teaches students to assess their risk for alcoholism by considering their family risk, values, religion and reaction to alcohol. Strong emphasis on information about alcohol and alcoholism. Does not provide no-use message, but makes clear that getting drunk is always high risk. Well thought-out normative education.

▼ Overly sophisticated and complex at times, with research findings concerning alcohol and alcoholism presented to students in lecture form. Employs lecture presentation frequently which may cause students to lose interest.

■ Emphasis on community service. Curriculum originally for families; later expanded for use in schools. Family curriculum emphasizes risk factors for alcoholism. Ethnic models in materials, but little instruction concerning cultural sensitivity. Slides included for classroom presentation.

** * This program will be replaced in June 1999 by a major revision: Prime for Life—under 21. Contact the publisher for more information.*

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Middle and High School Drug Prevention Curricula
General Information

O offered
R required
SR strongly recommended
N not available

A very good
B good
C satisfactory
poor
F very poor

	Alcohol Misuse Prevention Program (Series II)	ALL STARS	Drug Proof	Drugs in the Schools	From Peer Pressure to Peer Support	Life Skills Training	Minnesota Smoking Prevention Program	Ombudsman	Project ALERT	Project Northland	Project TNT	Reconnecting Youth	Social Competence Promotion Program	STAR***	Talking With Your Students About Alcohol
Grade Level	6-8	6, 7 or 8	6-8	6-9	7-12	6-8 or 7-9	6-10	5-9	6, 7 or 7, 8	6-8	7-9	9-12	5, 6 or 7	5-8	5-12
Overall Quality	A	B	C	C	C	A	B	C	A	A	A	A	C	A	NA****
Evaluation	See page 38					See page 38	See page 39		See page 39	See page 39	See page 39	See page 40	See page 40	See page 40	
Fidelity of Implementation:															
Ease of Administration	B	C	B	C	B	B	B	B	A	B	A	B	B	B	C
Teacher Training	N	SR	O	O	N	SR	N	SR	R	SR	O	O	SR	R	R
Rehearsal and role plays	B	N		B	B	B	B	C	A	A	B	C	B	A	NA****
Year Created	1985	1994	1994	1995	1993	1979	1977	1975	1990	1996	1998	1995	1987	1984	1985
Year Revised	1992	1998		1998		1998	1997	1991	1998	1998			1991	1995	1993
Cost	$35	$210	$90	$150	$50	$275	$130	$40	$125*	$549	$159**	$139	$80	$610	5-6 $285 7-12 $310

* One time cost includes training.
** Includes student workbooks.
*** This curriculum will not be nationally available until 2000.
**** NA equals not applicable. Program is based on a different theoritical model.

Middle and High School Drug Prevention Curricula

Awareness and Resistance Skills

3 very good coverage
2 adequate coverage
inadequate coverage
nc not covered

	Alcohol Misuse Prevention Program (Series II)	ALL STARS	Drug Proof	Drugs in the Schools	From Peer Pressure to Peer Support	Life Skills Training	Minnesota Smoking Prevention Program	Ombudsman	Project ALERT	Project Northland	Project TNT	Reconnecting Youth	Social Competence Promotion Program	STAR	Talking With Your Students About Alcohol
Grade Level	6-8	6, 7 or 8	6-8	6-9	7-12	6-8 or 7-9	6-10	5-9	6, 7 or 7, 8	6-8	7-9	9-12	5, 6 or 7	5-8	5-12
Normative Education	3	3		2	2	2	3		2	3	3	3	2	3	2
Awareness of Social Influences	3	nc	2	nc	2	3	3	2	3	3	3	2	2	3	2
Advertising Pressures	3	nc	2	nc	2	2	3	2	2	3	2	nc	2	3	2
Refusal Skills	3	nc		nc	2	2	2	2	3	3	3	2	2	3	2

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Middle and High School Drug Prevention Curricula

Personal and Social Skills

3 very good coverage
2 adequate coverage
inadequate coverage
nc not covered

	Alcohol Misuse Prevention Program (Series II)	ALL STARS	Drug Proof	Drugs in the Schools	From Peer Pressure to Peer Support	Life Skills Training	Minnesota Smoking Prevention Program	Ombudsman	Project ALERT	Project Northland	Project TNT	Reconnecting Youth	Social Competence Promotion Program	STAR	Talking With Your Students About Alcohol
Grade Level	6-8	6, 7 or 8	6-8	6-9	7-12	6-8	6-10	5-9	6, 7 or 7, 8	6-8	7-9	9-12	5, 6 or 7	5-8	5-12
Decision Making	3	2	2	2	2	2	2	2	nc	2	2	3	3	nc	
Stress Management	nc	nc		nc	2	2	nc	2	nc	nc	nc	3	3	nc	nc
Communication Skills	nc	nc	2	nc	2	2	nc	2	nc	nc	2	3	3	nc	nc
Social Skills	nc	nc		nc	2	2	nc	2	nc	nc	nc	2	nc	2	nc
Assertiveness Skills	nc	nc	2	nc	2	2	nc	2	2	nc	nc	2	3	nc	nc

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Evaluation Studies

Programs on this chart were evaluated with pretest, posttest, control group designs that measured impact on alcohol, tobacco and/or drug use. These evaluations have been published in peer-reviewed journals which select only studies with solid research methodologies, eliminating those with serious flaws. Evaluators have confirmed that our summaries accurately reflect their findings.

Name of Program	Alcohol Misuse Prevention Study	D.A.R.E.	Growing Healthy	Know Your Body	Life Skills Training
Length of Longest Evaluation	6 years	6 years	2 years	6 years	6 years
# of Different Evaluations	2 by curriculum developers	4 by independent researchers	1 by independent researchers	3 by curriculum developers	10 by curriculum developers
Sample Size in Longest Evaluation	400 6th graders	1,767 12th graders (Rosenbaum and Hanson, 1998)	30,000 4th to 7th graders	1,105 4th graders	4,466 7th graders
Changes in Alcohol, Tobacco and Other Drug Use	Reduced "misuse" of alcohol in high risk students at six-year follow-up.**	Minimal, short-term effects in two of four studies. Consistent results show no sustained effects on alcohol, tobacco or other drug use.	Reduced smoking in 9th grade.	Reduced smoking in 9th grade.	Reduced smoking, alcohol and marijuana use through high school, with effects eroding slightly by the 6 year follow-up.
Duration of Behavioral Changes	6 years	Immediate posttest	2 years	6 years	6 years
Evaluated with Different Cultural Groups*	19% minority (15% B, 4% O)	46% minority (22% B, 9% H, 15% O) substantial minority samples in other studies, as well.	19% minority (15% B, 2% H, 2% O)	19% minority (14% B, 2% H, 5% O)	75% minority in 4 out of 10 studies (combination of B (11%-87%) and H (10%-74%)
Other Effects	Increased knowledge about alcohol. Increased refusal skills in observation and self-report.	Three studies showed more negative attitudes toward drug use at posttest, although this effect disappeared after one year in the study that followed students the longest (5 years). One study (Harmon) that only followed students to posttest showed increased prosocial norms and assertiveness, and less associating with drug-using peers.	Increased knowledge and healthier attitudes related to health.	Greater reductions in smoking for males. Increased health knowledge (including cigarette and drug information) for 6 years. Positive effects on attitudes when examined at one year.	At 3 year follow-up curriculum also increased ability to refuse alcohol and cigarettes, self-reinforcement and personal control, and more accurate perceptions of peer and adult smoking rates. More recent data not yet analyzed.

* B-Black
A-Asian
H-Hispanic
NA-Native American
O-Other

** Program evaluators define alcohol misuse as "overindulgence, trouble with peers and troubles with adults experienced from alcohol use."

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Evaluation Studies (Continued)

Name of Program	Michigan Model	Minnesota Smoking Prevention Program	Project ALERT	Project Northland	Project TNT
Length of Longest Evaluation	7 years	6 years	6 years	3 years	2 years
# of Different Evaluations	1 by curriculum developer (not financially connected to program)	3 by curriculum developers	1 by curriculum developers	1 by curriculum developers	1 by curriculum developers
Sample Size in Longest Evaluation	262	1,443	3,852 7th graders	1,901 6th graders	4,692 students from 48 junior high schools
Changes in Alcohol, Tobacco and Other Drug Use	Reduced smoking, drinking, marijuana, cocaine and other drug use, but not smokeless tobacco use, at one year follow-up. By 12th grade reduces cocaine use among girls who had participated in program. For other drugs, effects had disappeared.	Reduction in smoking.	Reduced drinking at posttest. Reduced tobacco and marijuana use in 8th grade. Increased smoking in students who were already smoking at the pretest.	Reduced tobacco, alcohol and marijuana use.	Reductions in initiation and weekly use of cigarettes and smokeless tobacco.
Duration of Behavioral Changes	1 year	6 years in most recent study, where school-based program was part of community-wide intervention also focusing on diet and exercise.	15 months	3 years	2 years
Evaluated with Different Cultural Groups*	Black and white school districts.	95% white in urban and rural districts.	30% minority (10% A, 9% H, 8% B, 3% O)	5% minority (4% NA, 1% O)	40% minority (27% H, 7% B, 6% A or O)
Other Effects	Increased knowledge about effects, pressures to use alcohol and resistance skills, at one year follow-up. Effects dissipated by 12th grade, except that boys in the control group had less knowledge than other groups.		Increased perceptions of harmful social and health consequences of substance use and reduced estimates of peer drug use and approval through 10th grade. Some erosion by 12th grade, with only significant findings in peer-led condition: increased perceptions of harmful consequences and reduced estimates of peer drug use.	Reduced students' perception that drinking was normative among peers. Increased perception that students could influence their community about alcohol-related issues. By end of 6th grade more students reported their parents had spoken to them about drinking. By end of 8th grade more students reported their families had rules about drinking.	Tested separate components of the curriculum. Found that a component on information about physical consequences of tobacco use was successful, and that normative component was not as efficacious. Combined approach including normative and informational, social influences, and physical consequences was most successful.

* B-Black
A-Asian
H-Hispanic
NA-Native American
O-Other

Evaluation Studies (Continued)

Name of Program	Reconnecting Youth	Social Competence Promotion Program	STAR	Teenage Health Teaching Modules
Length of Longest Evaluation	10 months	Immediate posttest	11 years (data published to 5 years)	Immediate posttest
# of Different Evaluations	3 by curriculum developers with external evaluators	1 by curriculum developers	2 by curriculum developers	1 by independent researchers
Sample Size in Longest Evaluation	280 (ages 15 to 17) at high risk for school failure or dropout and 509 typical high school students in comparison group	282 6th and 7th graders	8,855 6th and 7th graders; random subsample of 2,208 students followed continuously through 11 years	4,806 junior and senior high school students
Changes in Alcohol, Tobacco and Other Drug Use	Reduced frequency of use of cocaine,hallucinogens, opiates, depressants, tranquilizers, stimulants and inhalants, but not tobacco, alcohol or marijuana. Reduced drug use progression, drug use control problems (e.g., used more than intended) and adverse drug use consequences (e.g., feeling guilty or problems with friends and family).	Reduced heavy drinking (defined as having 3 or more drinks per occasion and having too much to drink).	Reduced smoking and use of alcohol, marijuana, amphetamines, cocaine, inhalants and LSD.	Reductions in tobacco, alcohol and other drug use for senior high school students.
Duration of Behavioral Changes	5-7 months	Immediate posttest	5-11 years,depending on substance.	Immediate posttest
Evaluated with Different Cultural Groups*	26% minority (8% A, 4% B, 3% H, 3% NA, 8% O)	73% minority (66% B, 6% H, 1% O)	22% minority (17% B, 2% H, 1% A, 2% O)	26% minority(12% H, 10% B, 3% A, 1% NA)
Other Effects	Also reduced deviant peer bonding, depression, suicidal behaviors, anger control problems and stress. Increased school grades, personal control, self-esteem and school bonding.	Reduced intentions to use alcohol, assessed on a measure which asked students what they would say if a friend offered them beer or hard liquor. Also increased coping skills and social and emotional adjustment measures.	Study involved multi-component intervention (school, family, community, media). Reduced students' perceptions that tobacco, alcohol and marijuana use was normative among peers, and strengthened negative views about alcohol, tobacco and other drug use in a study in which data were analyzed at 1 1/2 year follow-up.	Increased health knowledge and healthy attitudes for junior and senior high school students.

* B-Black
A-Asian
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NA-Native American
O-Other

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Methodology for *Making the Grade*

To begin updating *Making the Grade*, we sent a survey to our Prevention Research Panel comprised of six nationally recognized prevention experts as well as to 18 prevention researchers regarding the first edition. We also conducted a focus group with teachers and administrators in Indiana to gain perspective on how *Making the Grade* was used.

Based on this feedback, *Making the Grade* was reorganized to enhance its utility. For example, we provided a qualitative assessment of content covered in each curriculum. These data had been collected but not included in the first edition which presented only a quantitative assessment of how much time was spent on each topic. The revised edition also examines the extent to which curricula involve the family in prevention activities, as well as the ways in which curricula promote fidelity of implementation.

For the first edition, we interviewed 15 leading prevention experts to identify key elements of drug abuse prevention curricula which were reflected in the criteria we developed to assess curricula. Four of these experts were interviewed again in 1998 to ensure that the key elements were up to date.

All 47 curricula included in the first edition were contacted to obtain updated information. To identify new curricula, we conducted a fresh search of the professional literature, reviewed recent prevention guides and conducted an Internet search. For the new curricula as well as the 47 original programs, we asked a series of new questions about family components and fidelity of implementation. We asked curriculum distributors to send us copies of their family materials as well as teacher training manuals. We also asked if the program had been evaluated since the first edition.

A total of 50 school-based curricula were identified (10 new curricula and 40 curricula included in the first edition) that met three key criteria: the curricula offer classroom education to prevent alcohol, tobacco and other drug use; the curricula are nationally available; and the distributors provided Drug Strategies curriculum materials for review. Programs included in the first edition which have since been revised are so noted. All curricula meeting these general criteria are included in *Making the Grade*. **Inclusion in this guide does not represent an endorsement.**

In assessing new programs, we used the same coding manual developed for the first edition. It contains comprehensive measures for reviewing curricula content and coverage of key elements. We also rated individual lessons of each curriculum on (1) content, (2) rehearsal and role plays, (3) detailed instructions to teachers, (4) opportunities for practice, (5) developmental appropriateness, (6) appeal to students and (7) cultural sensitivity.

Using this manual, Dr. Linda Dusenbury, Clinical Associate Professor, Department of Public Health, Weill Medical College of Cornell University or Antonia Lake, Education Coordinator, Drug Strategies, independently assessed each of the 10 new programs and any revised curricula using five-point likert scales. In two previous projects, inter-rater reliability using this system was good, with 85 percent agreement. Upon completion of the assessments, curriculum scores for all the curricula were independently checked by the reviewers and members of the Prevention Research Panel.

Reports of program evaluations were also reviewed. Fourteen of 50 programs had published evaluations in peer-reviewed journals that used pretest, posttest, control group designs which measured actual changes in alcohol, tobacco and other drug use. Four of these evaluations were conducted by independent researchers; 10 by curriculum developers. Program evaluators have confirmed that our summaries accurately reflect their findings.

The Prevention Research Panel reviewed all drafts of *Making the Grade* as well as all curriculum assessment measures, program descriptions and summary charts. They also reviewed the evaluation summaries.

A more detailed description of methodology as well as a complete list of sources may be obtained from the Drug Strategies website (www.drugstrategies.org).

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Drug Strategies

Drug Strategies promotes more effective approaches to the nation s drug problems and supports private and public initiatives that reduce the demand for drugs through prevention, education, treatment and law enforcement.

This project is guided by Drug Strategies' Board of Directors as well as by a distinguished panel of experts from the fields of prevention, public health and education. We are grateful for their help and their wisdom. However, *Making the Grade* reflects the judgment of Drug Strategies alone, not necessarily the views of our advisers or funders.

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